U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE FFF RATE **FEE BASIC FEE** (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X S OR X S INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 X S = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL OR CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) (Column 1) (Column 2) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT TIONAL PREVIOUSLY **EXTRA** AFTER TIONAL AMENDMENT PAID FOR FEE FFF Total (37 CFR 1.16(c)) ENDM Minus x s x s = OR Independent (37 CFR 1.16(b)) Minus = x s = OR x s FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + s + 5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST m PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT **PREVIOUSLY EXTRA AFTER** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE ENDMI Total (37 CFR 1.16(c)) Minus X S X \$. OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-AFTER AMENDMENT **AMENDMENT PREVIOUSLY EXTRA** TIONAL TIONAL PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus X S X \$ = OR Independent (37 CFR 1.16(b)) Minus = X S OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + \$ OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

PATENT APPLICATION FEE DETERMINATION RECO Effective November 10, 1998										*		_		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAI TYP		ENTITY	OR	OTHER SMALL	THAN
FOR			NUMBER FILED			NUMBER EXTRA			RATI	Ε	FEE]	RATE	FEE
BASIC FEE											380.00	OR		760.00
TOTAL CLAIMS			7	minus 20=		•			X\$ 9	=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =			•			X39=		OR	X78=	7	
MU	LTIPLE DEPEN	DENT	CLAIM PI	RESENT					+130	=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTA	ı		OR	TOTAL	760	
CLAIMS AS AMENDED - PART II										•	-		OTHER	
						Column 2)	(Column 3)		SMAL	TI	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REM	AIMS IAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	•	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								I	+130=	<u> </u>		OR	+260=	
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		(Colu	umn 1)		(C	olumn 2)	(Column 3)				•	•		
5 L		REM. AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER IEVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	FIRST PRESEN	OTATIO	N OF ML	LTIPLE DEP	END	ENTCLAIM		1	+130=	+		OR		
• H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=	
	the "Highest Num f the "Highest Num he "Highest Numb	nber Pre nber Pre	viously Pa wlously Pa	id For IN THIS id For IN THIS	S SPA	CE is less than CE is less than	20, enter "20." 3, enter "3."		TÖTA DDIT. FE Id in the	EL			TOTAL DDIT. FEE IMB 1.	